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## APPLICATION FOR REAL ESTATE SALESPERSON/ASSOCIATE BROKER/ BRANCH MANAGER

REAL ESTATE LICENSING P.O. BOX 9048 OLYMPIA, WA 98507-9048 (360) 664-6488 or (360) 664-6500 FAX (360) 586-0998 www.dol.wa.gov/realestate/refront.htm

Check th	e appropri	iate box:	_		11 1417-1147	\OL	11				
🔲 First Ass	oc. Brokei	r/Branch M	lgr . <b>\$210.00</b>				State Treasurer. emittance to:				
_	•		\$146.25		nt of Licensi		emittance to.				
	/Reactivati			PO Box 90		40					
Status/C	lass*		\$26.50	Olympia,	WA 98507-90	48		Please typ	e or print o	clearly	
Applican <sup>a</sup>	t Inform	ation - 11	application in	formation	is incomple	ete, th	e application	will not be pro	cessed.		
Applicant's Name Social Security Number*							ber*	Applicant's Date of Birth			
Employing Company Name								Date of Examination			
Employing Company Address (Number, Street, and PO Box if applicable)								Company Telephone No.			
City		State Zip			( ) County						
Oity					State	Ζίρ		County			
Applicant's Mailing Address (Number, Street, and PO Box if applicable)								Applicant's Telephone No.			
City					State	Zin		( ) County			
City					State	Zip		County			
Please respoi					1					'	
			nicle violations, other state, the								
past ten	years? (NC	OTE: If you	have been conv						☐ Yes	□No	
_	may be der		,								
2. Is there a criminal complaint or accusation, or other information presently pending against you, or are you under indictment in this state, any other state, by the federal government, or by any other jurisdiction?									☐Yes	□No	
			ssional or occup								
has a license or permit issued to you ever been suspended, revoked, censured, or fined, in this state or any other jurisdiction?									☐Yes	□No	
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in which the subject matter involved any real estate or business related activity?									☐Yes	□No	
5. Are you currently required to register as a sex offender in this state or any other state? If yes,									☐ Yes	☐ No	
state		_ county _			_						
(A	ttach lette	er of explai	nation for any	affirmative	e answer(s)	to the	questions ab	oove.)			
If applying on this appl		ich Manag	er's license: Do	o you agree	to personall	y mana	age the branch	office indicated	☐Yes	□No	
*State law,	RCW 26.2	23.150, red	uires you to fu	ırnish youı	r Social Sec	urity l	Number when	applying for th	nis license.	If this	
application	is for a bu	siness tha	it is a sole pro	prietorship	o, the propri	ietor r	nust furnish h	is/her Social S	Sercurity N		
								dentification Nu			
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-	_	•	•	-							
								Date			
Broker's Sig	nature <b>⊼</b>										
Broker's Na	me (typed	or printed	)								
Upon filing,	this applica	ation beco	mes a public re	ecord and i	s subject to	public	disclosure pr	ovisions pursu	ant to RCV	V 42.17	
For Office U	oo Only										
For Office Us	se Only									$\neg$	
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John Dale					: vevariment o	ı Licen:	siriu nas a doncv	oi bioviuilia eallai	access to its	SCIVICES I	

## **Application Instructions for Real Estate License**

This application must be fully completed and submitted with the appropriate fee(s) prior to the activation of the Real Estate License. You may use this application to be issued your first Real Estate salesperson's, associate broker's, or branch manager's license only if you have already fulfilled the initial requirement of passing the appropriate licensing examinations. Applicants may begin working from the postmark date to the department or date of hand delivery to the Real Estate Licensing division of the department, if the application is fully completed and submitted with the appropriate fee(s), released license and/or clock hours, if required.

All information needs to be typed or printed, with the exception of the signatures of the applicant and Designated Broker or Branch Manager.

Your name should reflect the name you are currently licensed with, or the name used when you took the Real Estate examination. You may indicate a name change on this application as long as you include the name currently on your license. The company name, address, and phone

should reflect the company or branch office with which you wish to be licensed, **not** the address of the company you are transferring from. You must include your mailing address.

It is important that you provide your **correct** date of birth and residence phone number. It is also very important that you answer the questions with either a yes or no response. Please remember to sign the application and to have the Designated Broker or Branch Manager sign **and** print his/her name.

If this application is being used for your initial license, you should indicate the date you passed the examination. If you are transferring your license from one office to another, you must submit your signed and released license from the office that you are leaving along with the completed application and fee.

**Note:** You are required to be a licensed salesperson or associate broker if using this application to process a transfer of your license, to change your status/class from associate broker to branch manager, to **become** an associate broker or branch manager, or to request a duplicate license.